Outpatient Services • Adult Day Health Care Centers

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Contents

Adult Day Health Care Centers Now Required to Apply for an NPI

The California Department of Health Services (CDHS) formerly interpreted Adult Day Health Care (ADHC) centers as "atypical" providers, and therefore had published notices stating that ADHC centers were not required to register a National Provider Identifier (NPI) with CDHS or use an NPI on HIPAA covered transactions. After further evaluation of the ADHC centers' scope of services available under the Medi-Cal benefit structure as they relate to the NPI final rule, CDHS has determined that ADHC centers are health care providers. As a result, ADHC centers are now required to apply for an NPI from the National Plan and Provider Enumeration System (NPPES), register it with Medi-Cal, and use it in HIPAA covered transactions with Medi-Cal.

Please see the NPI area of the Medi-Cal Web site (**www.medi-cal.ca.gov**) for NPI registration, time frames, claim form completion and other provider resources related to NPI.

2007 CPT-4/HCPCS Updates: Implementation August 1, 2007

The 2007 updates to the *Current Procedural Terminology – 4th Edition* (CPT-4) and Healthcare Common Procedure Coding System (HCPCS) National Level II codes will be effective for Medi-Cal for dates of service on or after August 1, 2007. The affected codes are listed below. Only those codes representing current or future Medi-Cal benefits are included. Please refer to the 2007 CPT-4 and HCPCS Level II code books for complete descriptions of these codes. Specific policy, billing information and manual replacement pages reflecting these changes will be released in a future *Medi-Cal Update.*

CPT-4 Code Additions

Anesthesia
00625, 00626

Surgery
15002 – 15005, 15731, 17311 – 17315, 19300 – 19307, 22857, 22862, 22865, 25109, 25606 – 25609, 27325, 27326, 28055, 32998, 33202, 33203, 33254 – 33256, 33265, 33266, 33675 – 33677, 33724, 33726, 35302 – 35306, 35537 – 35540, 35637, 35638, 35883, 35884, 37210, 44157, 44158, 47719, 48105, 48548, 49324 – 49326, 49402, 49435, 49436, 54865, 55875, 55876, 56442, 57296, 57558, 58541 – 58544, 58548, 58957, 58958, 64910, 64911, 67346

Radiology
72291, 72292, 76776, 76998, 77001 – 77003, 77011 – 77014, 77021, 77022, 77031, 77032, 77051 – 77059, 77071 – 77077, 77080, 77081, 77371 – 77373, 77435

Pathology and Laboratory
82107, 83698, 83913, 86788, 86789, 87305, 87498, 87640, 87641, 87653, 87808

Medicine
92025, 94002, 94003, 94644, 94645

CPT-4/HCPCS Updates *(continued)*

HCPCS Level II Code Additions

Radiopharmaceuticals
A9527

Injections and Drugs
C9233, J0348, J0894, J1740, J2248, J3243, J7187, J7311, J7611, J7613, J9035, J9261, Q4084 – Q4086

Surgery
G0392, G0393

CPT-4 Codes with Description Changes

Surgery
17000, 17003, 17004, 17110, 19120, 19361, 25600, 26170, 26180, 33681, 35301, 35501, 35506, 35509, 35601, 37216, 43842, 44211, 45400, 51720, 51999, 52204, 54161, 57295, 58950, 61107, 61210

Radiology
70540, 71275, 76506, 76536, 76604, 76645, 76700, 76770, 76856, 76880, 76940, 78350, 78700, 78707 – 78709, 78730, 78761

Pathology and Laboratory
82270 – 82272, 87088, 88104, 88106, 88107, 89060

Vaccines/Immunizations
90655 – 90658, 90669, 90700, 90702, 90714, 90715, 90718, 90732

Medicine
90761, 90766, 94620, 96415, 96423, 99251 – 99255, 99381, 99382, 99391

HCPCS Level II Codes with Description Changes

Implantable Devices and Supplies
C2620, L8614, L8689

Injections and Drugs
J0886, J9264

CPT-4 Code Deletions

Anesthesia
01995

Surgery
15000, 15001, 15831, 17304 – 17307, 17310, 19140, 19160, 19162, 19180, 19182, 19200, 19220, 19240, 21300, 25611, 25620, 26504, 27315, 27320, 28030, 31700, 31708, 31710, 33200, 33201, 33245, 33246, 33253, 35381, 35507, 35541, 35546, 35641, 44152, 44153, 47716, 48005, 48180, 49085, 54152, 54820, 55859, 56720, 57820, 67350

Radiology
75998, 76003, 76005, 76006, 76012, 76013, 76020, 76040, 76061, 76062, 76065, 76066, 76070, 76071, 76075 – 76078, 76082, 76083, 76086, 76088, 76090 – 76096, 76355, 76360, 76362, 76370, 76393, 76394, 76400, 76778, 76986, 78704, 78715, 78760

Medicine
91060, 92573, 94656, 94657, 95078

CPT-4/HCPCS Updates *(continued)*

HCPCS Level II Code Deletions

Transportation Services
A0800

Radiopharmaceuticals
A9549

Injections and Drugs
C9225, J7188, S0116, X7484

Processing Changes for Treatment Authorization Requests

Beginning May 1, 2007, the California Department of Health Services (CDHS) will phase in several changes which will impact how paper *Treatment Authorization Requests* (TARs) are processed.

These changes are being implemented to minimize the key data entry of incomplete or erroneous TAR information and to reduce the volume of paper documents containing Protected Health Information (PHI), particularly Social Security Numbers (SSNs) that are sent via:

- United States Postal Service

- Courier services

- Other types of delivery services

CDHS expects to complete this phased implementation by September 2007.

Processing Change Schedule
Processing changes to paper TARs will impact providers interacting with the Medi-Cal field offices and pharmacy sections on the following dates:

May 2007	August 2007
Sacramento Medi-Cal Field Office	Fresno Medi-Cal Field Office
June 2007	San Bernardino Medi-Cal Field Office
Northern Pharmacy Section (Stockton)	San Diego Medi-Cal Field Office
Southern Pharmacy Section (L.A.)	San Francisco Medi-Cal Field Office
July 2007	**September 2007**
L.A. Medi-Cal Field Office	TAR Administrative Remedy Section
In-Home Operations South	In-Home Operations North

Incomplete TARs
CDHS Medi-Cal field offices and pharmacy sections <u>will be unable</u> to enter paper TARs with incomplete information into the TAR system. These paper TARs will be deferred back to the submitting provider, with a Medi-Cal field office/pharmacy section *Incomplete TAR Form* identifying the reasons for deferral and instructions about how to resubmit the paper TAR with the necessary corrections.

Providers are to:

- Make the necessary corrections/changes on the paper TAR, <u>and</u>

- Resubmit with a copy of the *Incomplete TAR Form* <u>on top</u> of the paper TAR.

Changes for TARs *(continued)*

Paper TARs that are returned to the submitting provider for correction will not be available for inquiry through the Provider Telecommunications Network (PTN).

Any one of the reasons below will not allow the paper TAR information to be entered into the system. The reason(s) will be marked on the *Incomplete TAR Form* and sent back to the submitting provider for corrections. These reasons may consist of one or more of the following:

- The TAR form is illegible or damaged.

- The submitting provider number is missing, inactive, suspended or invalid for the category of service requested.

- The patient's Medi-Cal ID number is missing, invalid or invalid in length, and the patient's name/date of birth is missing.

- The patient is not Medi-Cal eligible.

- Information in the *Admit From* field (Box 14) on the *Long Term Care Treatment Authorization Request* (LTC TAR, form 20-1) is missing or invalid.

- The requested service information is missing, invalid or invalid in length.

- The ICD-9-CM diagnosis code, admitting ICD-9-CM diagnosis code and/or primary DX diagnosis code is missing or invalid.

- The County Medical Services Program (CMSP) pharmacy services are covered by MEDIMPACT. Please call 1-800-788-2949 for further information.

- The requested Adult Day Health Care (ADHC) service should specify the months and the number of requested days for each calendar month on separate lines of the TAR. The TAR request should not exceed six months or have more than one service line for a given calendar month. Please refer to the appropriate Part 2 manual for specific TAR preparation instructions.

Adjudication Response
CDHS will <u>discontinue</u> the practice of returning adjudicated paper TAR copies to providers based on the schedule above. Instead, providers will receive an *Adjudication Response* (AR), which will display:

- The status of requested service(s)

- The reason(s) for the decision(s), including TAR decisions resulting from an approved or modified appeal

- The adjudicator's request for additional information, if necessary

The AR will enable the provider to respond to the requested information or proceed to bill for authorized services. (See the *Adjudication Response* example at the end of this article.) Providers should keep a copy of the AR for their records and use it when responding to deferrals or when requesting an update/correction to a previously approved or modified TAR.

When requesting an update/correction, a copy of the AR must be placed <u>on top</u> of newly submitted documents to ensure the information can be matched with previously submitted documentation. Providers should clearly specify what change(s) are being requested.

The ARs will be mailed to the provider's address on file with CDHS' Payment Systems Division, Provider Enrollment Branch (PEB). Providers should ensure PEB has their most up-to-date mailing address on file. Instructions about changing/updating a provider address may be found on the Medi-Cal Web site (**www.medi-cal.ca.gov**). From the home page, click the "Provider Enrollment" link and then the "Provider Reminders" link at the top of the page.

Changes for TARs *(continued)*

Attachments

On November 15, 2006, CDHS notified providers via a flyer that attachments were no longer being returned with deferred paper TARs. Medi-Cal field offices and pharmacy sections will continue to retain and archive all attachments for reference.

Providers responding to a deferred TAR should return the AR and any new attachment(s) requested.

SSN on TARs

In accordance with *Medi-Cal Updates* issued in August and September 2006, providers should use the recipient's Benefits Identification Card (BIC) number on the TAR, rather than the SSN. If a TAR is returned to a provider because of inaccurate and/or incomplete information, the SSN will be removed.

If you have any questions regarding this information, please contact your local Medi-Cal field office or pharmacy section.

National Provider Identifier (NPI) Number

Providers should be aware that the NPI number will not be accepted on TARs until after the official NPI implementation date of November 26, 2007. For detailed information about the new NPI implementation date, providers can view the "Important NPI Time Frame Changes" article posted in the "HIPAA News" area of the Medi-Cal Web site (**www.medi-cal.ca.gov**).

TARs issued under the old provider number (legacy number) prior to November 26, 2007 can still be used for claims submitted with an NPI starting on or after November 26, 2007. Providers will not have to request an updated TAR with the NPI information.

State of California - Health and Human Services Agency
Department of Health Services

ARNOLD SCHWARZENEGGER, Governor

CONFIDENTIAL

Medi-Cal Operations Division

ADJUDICATION RESPONSE

Provider Number: HSCXXXXXX
XXX CONTRACT HOSP #2
3215 PROSPECT PARK DR
RNCHO CORDOVA, CA 95670-6017

DCN (Internal Use Only): 123456789101
Date of Action: 06/27/2006
Regarding: Jane Doe
TAR Control Number: 9876543210

This is to inform you that a Treatment Authorization Request has been adjudicated. If you have any questions regarding this adjudication response, please contact your local Medi-Cal Field Office. The decision(s) follow:

Svc #	Service Code	Modifier(s)	Service Description	From Date of Service	Thru Date of Service	Units	Quantity	Status	P.I.
1	123ABC	1	Service Description 1	01-01-2006	01-31-2006	12345	1000000.123	1 Approve	1
2	ABC123	2	Service Description 2	01-01-2006	01-31-2006	12345	1000000.123	2 Modify	0
	Reason(s):	GEN: Modified, refer to comments							
	Comment(s):	Comments from Field Office Consultant 2							
3	ABC123	3	Service Description 3	01-01-2006	01-31-2006	12345	1000000.123	3 Deny	3
	Reason(s):	GEN: Denied, refer to comments							
	Comment(s):	Comments from Field Office Consultant 3							
4	ABC123	4	Service Description 4	01-01-2006	01-31-2006	12345	1000000.123	4 Defer	5
	Reason(s):	GEN: Deferred, refer to comments							
	Comment(s):	Comments from Field Office Consultant 4							

Authorization does not guarantee payment. Payment is subject to Patient's eligibility. Please ensure that the Patient's eligibility is current before rendering service.

If you have received this document in error, please call the Telephone Service Center, 1-800-541-5555 in California, 1-916-636-1200 out-of-state (follow the prompts for eTAR), to notify the sender. Please destroy this document via shredder or confidential destruction.

UB-04 Printing Requirements

Some laser printers are having difficulty meeting the print specification of the *UB-04* form.

The *UB-04* form and the *UB-92* contain identical margin specifications. Both forms are 82 characters across. To accommodate the 80-character limitation of some laser printers, many users of the *UB-92* form developed workarounds that "cheated" on the printing layout. This was commonly accomplished by starting in the second position and ending in the 80th position, ignoring the first column on the left and the last column on the right. The *UB-92* has no critical data elements in these fields.

In order to meet the *UB-04* print specification, users should use laser printers that have "edge-to-edge" print capability (4 mm margins on the left and right) or wide carriage impact printers (line printers).

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